

SUBSTANCE SCREENING REQUEST

Employee's Name:	
Department:	
Date:	

As an employee of the Town of Vienna, you are being requested to submit to a blood/urine specimen to be tested for alcohol and/or illegal drugs. This test will be done at the Town's expense.

OPTION 1
If you consent to this screening, please read the following statement and then sign it.
I, _____ do hereby consent to submit a specimen to screen my blood/urine for the presence of alcohol and unauthorized and/or illegal drugs. I (am) (am not) taking any drugs for medical reasons. This also includes any non-prescription drugs. The drugs I am currently taking are listed below:
Employee's Signature:
Witness' Signature

OPTION 2
If you do not consent to this screening, please read the following statement and then sign it.
I, _____ do hereby refuse to undergo the substance screening. I understand that my refusal do to so may result in disciplinary action for failure to comply with supervisory instructions.
Employee's Signature:
Witness' Signature